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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400028	(CITY OR TOWN PLYMO	OUTH
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR	2013 YEAR
LICENSEE NAME: PINEWOOD LOD DOING BUSINESS A ADDRESS 190 PINEWOOD ROAD	GE, INC.		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: SAUNDERS, ALBERT E.	PE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W DESCRIPTION OF LICENSED PREMI FIVE ENTRANCES ON GROUND FLOOR ON WEST SIDE OF BUILDING. 2 EXITS OF BUILDING	AND ONE ENTRANCE	BASE- BASEMENT FLOOR,	
1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the same all laws of the Commo	onwealth relating to taxes; ar	nd
SIGNED BY: Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head o	of the fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400105	CITY	OR TOWN	PLYMOUT	Н	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013			
	CLASS		•	YEAR	
LICENSEE NAME: SANDY POND GOLF, I	NC				
DOING BUSINESS A ATLANTIC COUNTR	Y CLUB				
ADDRESS 450 LITTLE SANDY POND RD					
CITY/TOWN: PLYMOUTH S'	ΓATE: MA Z	IP CODE:	02360		
MANAGER: AMOROSO, TYPE OF ANTHONY	LICENSE: Restauran	t CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL ADI	DRESS			
DESCRIPTION OF LICENSED PREMISES:					
BAR, FUNCTION KITCHEN AND STORAGE AR FT, BAR APPROX 397 SQ FT AND COVERED D EXITS ON UPPER LEVEL; RESTROOMS ON UP	ECK . KITCHEN ON U	JPPER LEVEL			
I hereby certify and swear under penalties of pe	rjury that:				
1. the renewed license will be of the sa	me type for the same J	premises now	licensed;		
2. the licensee has complied with all la	ws of the Commonwe	alth relating to	taxes; and		
3. the premises are now open for business.	ess (If not explain bel	ow)			
SIGNED BY: Individual, Partner or Authorized Corporate Officer					
DATE: TELEPHONE NU		EMPLOYER IDENTIFICATION NUMBER:			
	•	(Note: <u>NOT</u> Indi	ividual Social Se	al Social Security Number)	
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	r and the head of the	e fire departn	nent for the	above	
Please Check Below:	LO	CAL LICENS	ING AUTHO	RITY	
APPROVED:	By:				
DISAPPROVED:					
(If disapproved explain)					
DATE:	_				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 098400170		CITY OR TOWN	PLYMOUT	ГН	
APPLICATION FO	OR RENEWAL:	Seasonal	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME DOING BUSINESS	: DOUBLE C,INC S A CAMPY'S					
ADDRESS 531 FEI	DERAL FURNACE ROA	AD				
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE:	02360		
MANAGER: CAI C.	RREAU, CRAIG TYPE	OF LICENSE:Co	mmercial club CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_	
DESCRIPTION OF	F LICENSED PREMISES	S:				
 the renev the licen 	swear under penalties of wed license will be of the see has complied with all uises are now open for bus Individual, Partner or	same type for the laws of the Com- siness (If not expl	monwealth relating to			
DATE:	TELEPHONE N			R IDENTIFICAT	TION NUMBER:	
1223 HOI			(Note: NOT Ind	(Note: NOT Individual Social Security Number)		
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of liq	ctor and the hea	d of the fire depart	ment for the	above	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	Lain)					
(II disuppioved exp.	······ <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:098400186		CITY OR TOWN	PLYMOUT	ГН
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	CAMP BOURNED	DALE, INC.			
ADDRESS 110 VA	LLEY ROAD				
CITY/TOWN: PLY	YMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: FAB	RIZIO, DARIN TY		eneral on Caremise	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
FUNCTION HALL W I hereby certify and 1. the renew 2. the license	swear under penalties wed license will be of	SES: E ENTRANCES AND S of perjury that: The same type for the n all laws of the Con	D EXITS. ALL ON MA	licensed;	
SIGNED BY:	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building in	spector and the he	he certificate requirate of the fire departs surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:098400226		CITY	OR TOWN	PLYMOUT	ТН
APPLICATION FOR	R RENEWAL:	Season	nal	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 72 WAT						
CITY/TOWN: PLY		STATE:	MA Z	IP CODE:	02360	
	SONS, TYPE IJAMIN J.	OF LICEN	SE:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL ADI	DRESS		
DESCRIPTION OF	LICENSED PREMISE	S:				
24X36 AREA WHICH RESTROOMS	I INCLUDES DINING AF	REA, BAR A	REA, KITCHE	EN, UTILITY R	ROOM AND	
I hereby certify and s	swear under penalties of	f perjury tha	t:			
1. the renew	ved license will be of the	e same type	for the same 1	premises now	licensed;	
2. the licens	see has complied with al	ll laws of the	e Commonwe	alth relating to	o taxes; and	
3. the premi	ises are now open for bu	isiness (If no	ot explain bel	ow)		
SIGNED BY:						
	Individual, Partner or	r Authorized	l Corporate O	fficer		
DATE:	TELEPHONE :	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
				(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	d, attest that we are in d by the building inspe (2) the certificate of lic	ector and tl	ne head of the	e fire departr	ment for the	above
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	ain)					
DATE:						
DAIL.						